

**WAIMATE HIGH SCHOOL/SCD
SUBSISTENCE
ASSISTANCE PAYMENT FORM**

Date 24-26 November 2010 Christchurch

Name

Address

School

Contact Phone number

Please itemise and number all receipts (which must be G.S.T.)

Number	\$	Details (eg evening meal 22/03/10)
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		

TOTAL CLAIM \$

Bank details for payment:

Bank:

Branch:

Account in name of:

Account Number:

Sort Code:

OR Pay cheque in name of:

Approved **Date**

Payment

Paid **Date**